Citation Number: #5437					Date: Novem	ber 4, 2021
Facility Name: Casa de Paz			Survey October		2021	
Facility Addre 2121 West 19 <sup>th</sup> Sioux City, IA		MW/DC				
Sloux City, IA	51105					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
58.19(2(j)	intervention for all res adverse symptoms w mental, emotional, or ph <b>DESCRIPTION:</b> Based on observation, n staff interview, and Adv interview, the facility fail physical assessment fo (Resident #1 & #3). Res constipation, experience be seen by the physicial Resident #1 had emesis 10/11/21, and the facilit assessment or notify the transferred to the local I PM, after the resident c distended abdomen and Resident #1 expired in t less than 10 hours. Res from a hospital stay on bowel movement on 10 complete a thorough ph #3 until 10/8/21, when in documented bowel move	record review, policy review, anced Registered Nurse led to complete a thorough r 2 of 3 residents reviewed sident #1 complained of ed vomiting, and requested to n and be sent to the hospital. s during the night of 10/10/21- y failed to complete a thorough e physician until the resident hospital on 10/11/21 at 3:30		\$10,00 (Held suspe		UPON RECEIPT

Page 1 of 31

Facility Administrator

Citation Numb #5437	er:			Date: Novem	ıber 4, 2021
Facility Name: Casa de Paz		-	Survey I October	Dates: 13-21, 2021	
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

The facility's non-compliance with one or more requirements of participation placed residents in the facility in immediate jeopardy, which began on 10/10/21. On 10/14/21 at 5:45 PM the facility was notified of the IJ at F684 and given the IJ Template. Findings Include: 1. The Minimum Data Set (MDS) with a completion date of 8/25/21, for Resident #1, identified a Brief Interview of Mental Status (BIMS) score of 13 which indicated cognitively intact. The MDS reflected the		
resident able to make themselves understood and understand others. The MDS coded the resident being independent with transfers, and ambulation; and supervision with physical assist of one staff for toileting and personal hygiene. The MDS identified the resident occasionally incontinent of urine and always continent of bowel. The MDS documented diagnoses included: congestive heart failure, hypertension, diabetes, chronic obstructive pulmonary disease (COPD).		
The Care Plan with date initiated 5/14/21, identified a focus area for required assistance with ADL's (activities of daily living) related to activity intolerance, limited range of motion, and pain. Interventions included: preferred to sleep in recliner and independent with mobility (6/7/21), mobility independent with use of walker (8/22/21), independent with transfer		

Page 2 of 31

Facility Administrator

Date

Citation Numb #5437	er:			Date: Novem	ber 4, 2021
Facility Name:			Survey	Dates:	
Casa de Paz				<sup>-</sup> 13-21, 2021	
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or		<u></u>		Fine Amount	Correction
		re of Violation	Class		date
Section					

resident bowel sounds remain abdomen distended after 2 su magnesia, and 10 ounces of n fecal matter felt upon insertion resident complained of nausea The resident confused and orig	health status note - the sea and constipation, and sted food. The resident mperature 98.7 degrees M, health status note - the , offered Zofran (anti- used. Assisted the resident g. The resident requested but the emesis, assured physician or make an I, health status note - the in hypoactive and suppositories, milk of
notified and the resident transf Room (ER) per medical transp and medication administration resident. Report called to the r	on of suppositories. The sea this shift, no emesis. orientated to person and y Care Provider (PCP) nsferred to the Emergency sport. Copy of code status on record sent with the
d. On 10/12/21 at 1:29 AM, H hospital intensive care nurse of facility staff the resident had pa	I, health status note - the e called to inform the

Page 3 of 31

Facility Administrator

Date

Citation Numb #5437	per:				Date: Noveml	ber 4, 2021
Facility Name: Casa de Paz	:		Survey October	Dates: <sup>.</sup> 13-21, 2	021	
Facility Addre	ss/City/State/Zip		-			
2121 West 19 <sup>tt</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	history for bowel mover 10/14/21, revealed: a. On 10/5/21 at 9:46 A b. On 10/6/21 no BM c. On 10/7/21 no BM d. On 10/8/21 at 1:53 e. On 10/9/21 at 9:52 f. On 10/10/21 at 4:0 g. On 10/11/21 no BM The document titled PC eaten for Resident #1 d a. On 10/9/21 at 9:50 at 6:59 PM refused. b. On 10/10/21 at 12: twice and at 7:59 PM at c. On 10/11/21 at 9:1 ate 26-50%.	documented. documented. PM, medium BM. PM, medium BM. 2 AM, small BM. A documented. DC response history for amount lated 10/20/21, revealed: AM & 1:33 AM ate 26-50% and 50 PM ate 0-25% documented				

Page 4 of 31

Facility Administrator

following:

effective.

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Resident #1 dated October 2021, included the

b. Magnesium hydroxide suspension (milk of

a. Tums (antacid) Chewable 500 milligrams (mg) 2 tablets by mouth every 4 hours as needed for heartburn related to gastroesophageal reflux, order date 5/14/21. Administered on 10/8/21 at 11:20 PM,

magnesia, laxative) 400mg/5 ml (milliliters) give 30 ml every 6 hours as needed for constipation, order date

Citation Numb #5437	per:				Date: Novem	ber 4, 2021
Facility Name: Casa de Paz Facility Addre	ss/City/State/Zip		Survey I October		2021	
2121 West 19 <sup>th</sup> Sioux City, IA	<sup>°</sup> Street	MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	and 10/11/21 at 10:00 A c. Bisacodyl tablets dela mouth every 6 hours as date 5/14/21. Administe effective; 10/11/21 at 6: PM, ineffective. d. Magnesium Citrate 1. by mouth as needed for 10/11/21. Administered The facility failed to com assessment and notify t complained of constipat requested to be seen by the hospital. Document titled Emerge Patient Care Report dat at scene at 3:49 PM and chief complaint abdomin Exam at 3:49 PM: Abdo and rigid. Vital signs at 125/87, heart rate 97, o liters of oxygen, and res Document titled Emerge Notes, from the local ho PM, noted according to	ayed release 5 mg 1 tablet by needed for constipation, order ared: 10/10/21 at 5:22 AM, 30 AM, ineffective; and 12:48 .745gm/30ml, give 10 ounces constipation, order date on 10/11/21, in-effective. hplete a thorough physical the physician when Resident #1 tion, experienced vomiting, and y the physician and be sent to ency Medical Service (EMS) ted 10/5/21 at 3:49 PM, noted d departed at 4:02 PM. Patient hal, with duration one week. omen - bowel sounds absent 4:00 PM: blood pressure xygen saturation 93% on 2 spiratory rate 32 and rapid. ency Department Provider ospital, dated 10/11/21 at 4:15 the EMS the resident had h and emesis. The resident				

Page 5 of 31

Facility Administrator

Citation Numb #5437	per:			Date: Nove	nber 4, 2021
Facility Name Casa de Paz	:		Survey [ October	Dates: 13-21, 2021	
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street					
Sioux City, IA		MW/DC			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Bovious of Systems: Co	straintastinal positivo for			

<ul> <li>Physical Exam: Blood pressure 44/27 the resident alert &amp; talking, uncomfortable appearing.</li> <li>X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction.</li> <li>Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10 PM, heart rate now in the 80's and fluids administered.</li> <li>Document titled Consult, from the local hospital, dated 10/11/21 at 8:00 PM, noted while in the ER the resident had x-ray of the abdomen that demonstrated high-grade bowel obstruction. While awaiting results the resident had episode of unresponsiveness, code blue called. The resident received approximately 20 minutes of CPR (cardiopulmonary resuscitation).</li> <li>Document titled Nephrology Consult, from the local hospital, dated 10/11/21 at 10:56 PM, stated the resident had intractable vomiting in the ER and became unresponsive. Blood pressures were very low and abdomen distended.</li> <li>Document titled History &amp; Physical, from the local hospital, dated 10/12/21 at 12:10 AM, noted impression: probable ischemic bowel secondary to a torsion. Plan: recommend comfort care.</li> </ul>	Physical Exam: Blood pressure 44/27 the resident alert & talking, uncomfortable appearing.         X-ray Abdomen final result 10/11/21 at 6:52 PM:         findings consistent with high-grade small bowel         obstruction.         Progress Notes: 4:25 PM, the resident found         unresponsive, code blue called. Abdomen distended,         possible small bowel obstruction with possible         aspiration. 4:41 PM, resident code blue ended. 5:10         PM, heart rate now in the 80's and fluids administered.         Document titled Consult, from the local hospital, dated         10/11/21 at 8:00 PM, noted while in the ER the         resident had x-ray of the abdomen that demonstrated         high-grade bowel obstruction. While awaiting results         the resident had episode of unresponsiveness, code         blue called. The resident received approximately 20         minutes of CPR (cardiopulmonary resuscitation).         Document titled Nephrology Consult, from the local         hospital, dated 10/11/21 at 10:56 PM, stated the         resident had intractable vomiting in the ER and         became unresponsive. Blood pressures were very low         and abdomen distended.         Document titled History & Physical, from the local         hospital, dated 10/12/21 at 12:10 AM, noted         impression: probable ischemic bowel secondary to a	U	U	1	11	Page 6 of	-
& talking, uncomfortable appearing.         X-ray Abdomen final result 10/11/21 at 6:52 PM:         findings consistent with high-grade small bowel         obstruction.         Progress Notes: 4:25 PM, the resident found         unresponsive, code blue called. Abdomen distended,         possible small bowel obstruction with possible         aspiration. 4:41 PM, resident code blue ended. 5:10         PM, heart rate now in the 80's and fluids administered.         Document titled Consult, from the local hospital, dated         10/11/21 at 8:00 PM, noted while in the ER the         resident had x-ray of the abdomen that demonstrated         high-grade bowel obstruction. While awaiting results         the resident had episode of unresponsiveness, code         blue called. The resident received approximately 20         minutes of CPR (cardiopulmonary resuscitation).         Document titled Nephrology Consult, from the local         hospital, dated 10/11/21 at 10:56 PM, stated the         resident had intractable vomiting in the ER and         became unresponsive. Blood pressures were very low	Physical Exam: Blood pressure 44/27 the resident alert & talking, uncomfortable appearing. X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction. Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10 PM, heart rate now in the 80's and fluids administered.Document titled Consult, from the local hospital, dated 10/11/21 at 8:00 PM, noted while in the ER the resident had x-ray of the abdomen that demonstrated high-grade bowel obstruction. While awaiting results the resident had episode of unresponsiveness, code blue called. The resident received approximately 20 minutes of CPR (cardiopulmonary resuscitation).Document titled Nephrology Consult, from the local hospital, dated 10/11/21 at 10:56 PM, stated the resident had intractable vomiting in the ER and became unresponsive. Blood pressures were very low		hospital, dated 10/12/21 at 12:10 AM, noted impression: probable ischemic bowel secondary to a				
<ul> <li>&amp; talking, uncomfortable appearing.</li> <li>X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction.</li> <li>Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10 PM, heart rate now in the 80's and fluids administered.</li> <li>Document titled Consult, from the local hospital, dated 10/11/21 at 8:00 PM, noted while in the ER the resident had x-ray of the abdomen that demonstrated high-grade bowel obstruction. While awaiting results the resident had episode of unresponsiveness, code blue called. The resident received approximately 20</li> </ul>	<ul> <li>Physical Exam: Blood pressure 44/27 the resident alert &amp; talking, uncomfortable appearing.</li> <li>X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction.</li> <li>Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10 PM, heart rate now in the 80's and fluids administered.</li> <li>Document titled Consult, from the local hospital, dated 10/11/21 at 8:00 PM, noted while in the ER the resident had x-ray of the abdomen that demonstrated high-grade bowel obstruction. While awaiting results the resident had episode of unresponsiveness, code blue called. The resident received approximately 20</li> </ul>		hospital, dated 10/11/21 at 10:56 PM, stated the resident had intractable vomiting in the ER and became unresponsive. Blood pressures were very low				
<ul> <li>&amp; talking, uncomfortable appearing.</li> <li>X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction.</li> <li>Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10</li> </ul>	Physical Exam: Blood pressure 44/27 the resident alert & talking, uncomfortable appearing. X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction. Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10		10/11/21 at 8:00 PM, noted while in the ER the resident had x-ray of the abdomen that demonstrated high-grade bowel obstruction. While awaiting results the resident had episode of unresponsiveness, code blue called. The resident received approximately 20				
Review of Systems: Gastrointestinal positive for constipation, nausea and vomiting.			constipation, nausea and vomiting. Physical Exam: Blood pressure 44/27 the resident alert & talking, uncomfortable appearing. X-ray Abdomen final result 10/11/21 at 6:52 PM: findings consistent with high-grade small bowel obstruction. Progress Notes: 4:25 PM, the resident found unresponsive, code blue called. Abdomen distended, possible small bowel obstruction with possible aspiration. 4:41 PM, resident code blue ended. 5:10				

Page 6 of 31

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #5437	er:			Date: Novem	ber 4, 2021
Facility Name: Casa de Paz			Survey October	Dates: • 13-21, 2021	
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Nature Section		re of Violation	Class	Fine Amount	Correction date

		•	
	Document titled State of Iowa Certificate of Death dated 10/13/21, noted Immediate Cause of Death: ischemic bowel 2/2 high-grade small bowel obstruction.		
	The facility document titled Clinical Change in Condition Management dated 6/2015, stated the interdisciplinary team strives to identify and manage all resident's that are experiencing a change in condition. Daily observation and communication is important in changes in a resident that further require investigation. Daily observation includes but not limited to changes		
	in: a. Participation in daily routine b. Physical assessment (cardiovascular, respiratory, mental status, neurological) c. Behavior		
	<ul> <li>d. Mobility</li> <li>e. Comfort level</li> <li>f. Response to medications</li> <li>Clinical care management includes routine</li> <li>assessment, evaluation, response to changes in</li> <li>clinical condition and communication with resident &amp;/or</li> <li>family/responsible parties.</li> </ul>		
	Procedure: a. Assess resident clinical status when a change in condition is identified. This may include but not limited to: vital signs, lung sounds, pulse ox, mental/neurological status, bowel sounds, skin color/turgor/temperature, and pain.		
L			Page 7 of 31

Page 7 of 31

Facility Administrator

Citation Numb #5437	er:			Date: Novem	ber 4, 2021
Facility Name: Casa de Paz			Survey I October	Dates: 13-21, 2021	
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date

<ul> <li>b. Review the resident medical record including but not limited to: primary diagnosis &amp; medical history, lab work, medication changes, change in nutritional status, advanced directives, and allergies.</li> <li>c. Review the resident condition with an RN (Registered Nurse).</li> <li>d. Contact the physician and provide clinical data and information about the resident condition. Document notification and physician response in the resident medical record. Initiate any new physician orders.</li> <li>e. Document on the change in condition data collection tool.</li> <li>f. Follow additional evaluation and documentation requirements in the clinical program manual.</li> <li>g. Document resident condition and location on the 24 hour report.</li> <li>h. Verify that the family/responsible party had been notified.</li> <li>i. Review care plan goals and interventions, modify as directed. Update staff of any changes.</li> <li>j. Review resident at the next scheduled care management meeting as applicable.</li> </ul> Document titled Clinical Change in Condition Management, Charting Aid/Change in Condition dated 6/2015, stated: Procedure: <ul> <li>a. Document all information on the Change in Condition Data Collection Tool unless otherwise indicated.</li> <li>b. Complete evaluation of the resident change in</li> </ul>		
		Page 8 of 3

Page 8 of 31

Facility Administrator

Citation Numb #5437	er:			Date: Novem	ber 4, 2021	
Facility Name: Casa de Paz		-		Survey Dates: October 13-21, 2021		
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street						
Sioux City, IA 51103		MW/DC				
Rule or Code Natur Section		e of Violation	Class	Fine Amount	Correction date	

Page **9** of **31** 

Facility Administrator

Citation Numbe #5437	er:			Date: Novem	ber 4, 2021
Facility Name:		-	Survey I	Dates:	
Casa de Paz			October	13-21, 2021	
Facility Addres					
Sioux City, IA 5		MW/DC			
Rule or Code Section	Natur	re of Violation	Class	Fine Amount	Correction date

n		
	history, name of the physician notified, interventions implemented, resident response to interventions, and name of the family member/responsible party notified.	
	b. Obtain physician order to transfer to the hospital and document as a telephone order on the physician order form.	
	c. Complete a skin sweep prior to transfer. d. Complete a Transfer form.	
	e. Document on the Change in Condition Data Collection Tool immediately prior to the transfer. f. Provide a copy of the following documents to the	
	hospital: advance directives/code status, list of current medications, and transfer documents.	
	During interview on 10/13/21 at 11:00 AM, the EMS, patient primary caregiver stated unit called to the facility on 10/11/21 at approximately 3:30 PM. The	
	EMS stated received call out to the facility due to a resident with complaints of back and abdominal pain.	
	The EMT stated they were stopped at the door of the facility and informed they were unable to enter the facility. The EMT stated he observed Resident #1	
	propelling self in wheelchair with her feet towards the nurses' station, pale, no oxygen on, and struggling to breath. The EMT stated he observed brown spots on	
	the hospital gown of Resident #1 and initially thought chocolate, however, later found out stool matter. The	
	EMT stated Resident #1 informed them no BM in 5 days, no urination for 3 days, vomiting for 5 days, and wore oxygen at 2 liters at all times. The EMT stated	
	unaware if facility staff had notified the physician of the	Page <b>10</b> of

Facility Administrator

Date

Citation Numb #5437	per:				Date: Novem	ber 4, 2021
Facility Name: Casa de Paz			Survey I October		2021	
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	not have emesis in the a hospital, had after arrive Resident #1 abdomen r oxygen saturation 54%. During interview on 10/ Certified Nurse's Aide ( Resident #1 on the day 10/11/21. Staff B stated to the resident going to light. Staff B stated Res had emesis on hospital resident to change gow had puffy abdomen. Sta informed her no urine o she informed the nurse informed her that the re toileted her. Staff B state went to Resident #1 roo and then ambulance ca During interview on 10/ stated when arrived at w Resident #1 had trouble RN informed her had gi Staff C stated followed	13/21 at 3:59 PM, Staff B CNA) stated only cared for transferred to the hospital approximately half hour prior the hospital, answered call ident #1 stated not feeling well, gown, and assisted the n. Staff B stated Resident #1 aff B stated the resident utput all day, and Staff B stated Staff C. Staff B stated Staff C sident had urinated, as she had ed Staff C and the MDS Nurse om, unaware of what occurred,				

Page 11 of 31

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

denied any further complaints on 10/10/21. Staff C stated on Monday 10/11/21, Resident #1 had emesis on the overnight shift, and the resident maybe had

Citation Number #5437	ər:			Date: Novem	ber 4, 2021	
Facility Name:		-	Survey I	urvey Dates:		
Casa de Paz			October	October 13-21, 2021		
Facility Address/City/State/Zip						
2121 West 19 <sup>th</sup> Sioux City, IA <b>!</b>		MW/DC				
Sloux City, IA	51105					
Rule or				Fine Amount	Correction	
Code Section	Natur	e of Violation	Class		date	

nausea &/or emesis on the day shift. Staff C stated had listened to the resident bowel sounds, sluggish and hypoactive. Staff C stated the resident requested a second suppository and gave at approximately 6:30 AM. Staff C stated the resident had order for suppository every 6 hours as needed, and gave a second one at 12:30 PM due to no results from the first one. Staff C stated gave Resident #1 milk of magnesia, magnesium citrate and when those medications did not work called medical transport for hospital transfer at approximately 3/3:30 PM. Staff C stated Resident #1 had round, soft abdomen, bowel sounds sluggish, and no pain. Staff C stated Resident #1 self-transferred to the gurney, the resident was okay for me and alert and orientated when left the facility. Staff C stated assessed Resident #1 in room; lung sounds, heart rate, full set of vital signs. Staff C stated the vitals documented on paper flow sheet by the CNA's, however, obtained own vitals. Staff C stated had called the residents' PCP office a couple of times on 10/11/21 and informed by the receptionist the clinic was short staff and would return call to the facility when available. Staff C stated the Director of Nursing (DON) called the resident's PCP on personal cell phone that resident being transferred to the hospital. Staff C stated Resident #1 was in the hall when the EMT arrived, had been informed sending to the hospital and the resident wheeling self in wheelchair to		
		Page <b>12</b> of <b>3</b> *

Page 12 of 31

Facility Administrator

Date

Citation Numb #5437	er:				Date Nove	ember 4, 2021
Facility Name:			S	Survey Dates:		
Casa de Paz			C	October 13-21, 2021		
Facility Address/City/State/Zip						
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC				
Rule or Code Natur Section		e of Violation		Class	Fine Amour	t Correction date

 <b>0</b>	 	
the nurse's station. Staff C stated Resident #1 had COPD and would breathe loud normally; stated attempted to explain to the EMT. Staff C stated the resident a noisy breather per normal. Staff C stated Resident #1 transferred due to no BM's, not respiratory. Staff C stated EMT's allowed into the facility, not stopped at the door. Staff C stated completed the medical transport sheet for Resident #1, why transporting, where to, and who is transporting. During interview on 10/13/21 at 4:45 PM, Staff D RN confirmed worked the night shift on 10/9/21. Staff D stated Resident #1 complained of not feeling well, denied specific complaints. Staff D stated the resident stated unaware of last BM, noted the resident mail a large BM the day prior, however, had complained of constipation. Staff D stated gave the resident milk of magnesia per request. Staff D stated Resident #1 had emesis of undigested food, not dark or coffee grounds appearance. Staff D stated checked on the resident throughout the night and reported felt better, and the next morning reported felt better. Staff D stated 2 fellow residents had emesis same night as Resident #1 and facility staff felt related to the supper eaten on 10/9/21. Staff D stated listeneed to bowel sounds and had some, not real active, and stated not thinking bowel as the resident was not distended and had large BM documented. Staff D stated gave Resident #1		
had some, not real active, and stated not thinking bowel as the resident was not distended and had large		
		Page 13 of 3

Page 13 of 31

Facility Administrator

Date

Citation Number: #5437					Date: Novem	ber 4, 2021
Facility Name: Casa de Paz			Survey October		2021	
Facility Addre	ss/City/State/Zip		-			
2121 West 19 <sup>th</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	#1 did not feel better, w	ould have informed the staff.				
	Director of Nursing (AD transferred to the hospit is to complete in the rest record) titled elnteract O elnteract Transfer form in Condition form includ situation/signs and sym background information contained the resident of transferring to, the resid information, devices, the supplemental information expected both documer resident transferred to t no Physician faxes or N physician notification fro hospital on 10/11/21. The the room of Resident #* review questionnaire for vaccine booster. The Al complained of constipat who stated the resident stated unaware the resi ADON stated asked the stated no just constipate the day the DON had resident	and the Transfer form demographics, where				

Page 14 of 31

Facility Administrator

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

complained of no BM in 5 days. The ADON stated the

Citation Numb #5437	er:			Date: Novem	ber 4, 2021	
Facility Name:			Survey Dates:			
Casa de Paz			October	October 13-21, 2021		
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street						
Sioux City, IA 51103		MW/DC				
Rule or				Fine Amount	Correction	
		e of Violation	Class		date	
Section						

Π		n	1	
	DON had reported the resident had a soft abdomen			
	and hypoactive bowel sounds, and the DON requested			
	an order for magnesium citrate. The ADON stated			
	Resident #1 not in respiratory distress when in room.			
	The ADON stated returned to Resident #1 room at			
	approximately 3/3:15 PM, to administer the COVID			
	vaccine booster and after administration, the resident			
	stated wanted to go to the hospital. The ADON stated			
	the resident stated no BM in 5 days and had not			
	urinated since the day before. The ADON stated the			
	resident stated had been vomiting stool, however,			
	clear liquid emesis observed in the basin. The ADON			
	stated informed the nurse on duty Resident #1's			
	abdomen was hard as rock. The ADON stated spoke			
	with Staff C and had been informed the resident had			
	suppository, magnesium citrate without results, and had been into the bathroom with assist from Staff C			
	_			
	and urinated more than 30 ml. The ADON stated			
	informed Staff C Resident #1's abdomen hard as a			
	rock, to notify the physician and send the resident to			
	the hospital. The ADON stated Resident #1 abdomen			
	distended and very hard at that point, however, did not			
	believe perforated bowel due to pain. The ADON			
	stated had to leave the facility by 3:30 PM for an			
	appointment and when called the DON to inform of the			
	resident condition, the DON informed the ADON had			
	assessed the resident 2 hours prior and abdomen soft			
	and hypoactive bowel sounds. The ADON stated the			
	DON had left the facility at approximately 1/1:30 PM			
	and had assessed Resident #1 prior to leaving. The			
	ADON stated Resident #1 admitted to the hospital with			

Page 15 of 31

Facility Administrator

Date

Citation Numb #5437	er:				Date: Novem	ber 4, 2021
Facility Name: Casa de Paz Facility Address/City/State/Zip			Survey I October		2021	
2121 West 19 <sup>th</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	ADON stated Resident while sleeping. During interview on 10/ <sup>-</sup> confirmed worked when during the night 10/10-1 CNA's had assisted the the emesis. Staff E state and refused, as stated f E stated after Resident re &/or appointment. Staff completed at that time, and bowel sounds hypo resident had informed h telehealth visit and the r stated toward early mor however, over weekend cognitively. Staff E state nausea and wanted to r Staff E stated did not se being the weekend and the day shift nurse. During interview on 10/ <sup>-</sup> stated while in the resid Resident #1 had no pain using oxygen as only w	lied of perforated bowel. The #1 only wore oxygen at night 13/21 at 5:48 PM, Staff E RN n Resident #1 had 3 emesis 10/11/21. Staff E stated the resident and did not observe ed the resident offered Zofran felt better after the emesis. Staff #1 had 3rd emesis, around 3 or equested physician notification E confirmed no assessment had completed earlier in night bactive. Staff E stated the ner around 7:00 PM, had a resident appeared okay. Staff E rning the resident confused, d was fluctuating up and down ed the resident complained of make sure the physician aware. end a fax notification due to passed on the information to 13/21 at 6:05 PM, the ADON lent room on 10/11/21, n, not diaphoretic, and not ore at night. The ADON stated iratory distress at the time.				

Page 16 of 31

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #5437	er:		Date: Novemb			ber 4, 2021
Facility Name: Casa de Paz			Survey I October		2021	
-	ss/City/State/Zip					
2121 West 19 <sup>th</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	confirmed worked the d Staff F stated Resident breakfast and had aske denied complaints. Staf resident did not eat much had not complained of d vomiting. Interview on 10/14/21 a confirmed had worked w Staff G stated the reside arrived at work at 6:00 A dirty and assisted to cha noon Resident #1 had g did not feel well, and wa G stated informed the n G stated had informed S did not feel well and had Staff G left shift for the d #1 had constipation, hav working. Staff G stated complained of shortness having oxygen on. During interview on 10/7 stated arrived for work a however, had not assist Staff H stated informed being sent to the hospit	14/21 at 8:36 AM, Staff F CNA ay shift on Sunday 10/10/21. #1 had not eaten much for d the resident, stated okay and f F stated same at lunch, the ch. Staff F stated Resident #1 constipation and unaware of t 8:41 AM, Staff G CNA with Resident #1 on 10/11/21. ent had vomited when first AM, green in color and gown ange. Staff G stated around 12 green colored emesis, stated anted to go to the hospital. Staff burse on duty, Staff C RN. Staff Staff H CNA that Resident #1 d vomited, and sweating; as day. Staff G stated Resident d stated the medicine not Resident #1 had not s of breath and did not recall 14/21 at 9:04 AM, Staff H CNA at 2:00 AM on 10/11/21, ted Resident #1 until 2:00 PM. the Resident #1 vomiting and al, requested to assist the f H stated entered room and				

Page 17 of 31

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #5437				Date: Novem	ber 4, 2021
Facility Name: Casa de Paz		-	Survey Dat October 13		
Facility Addr	ess/City/State/Zip				
2121 West 19 Sioux City, IA		MW/DC			
Rule or Code Natur Section		re of Violation	Class	ine Amount	Correction date
	5	own Resident #1 had on,	id not		

observed emesis on gown Resident #1 had on, assisted to change. Staff H stated the resident did not appear sweaty, overheated, or uncomfortable. Staff H stated Resident #1 wore oxygen at that time, however, did not appear short of breath or in respiratory distress. Staff H stated assisted the resident from recliner to wheelchair and left oxygen on. Staff H stated did not observe the resident after that encounter.		
Interview on 10/14/21 at 9:19 AM, Staff I CNA confirmed worked on the floor the afternoon of 10/11/21. Staff I stated Resident #1 complained of not feeling well and frequently turned on call light, out of sorts and not acting like self. Staff I stated Resident #1 vomited a small amount, like spit up and green/brown in color. Staff I stated the resident did not complain of hurting, acted goofy. Staff I stated Resident #1 turned call light on multiple times and requested oxygen tubing that was in her recliner beside her; and then requested chair remote. Staff I stated Resident #1 did not complain of shortness of breath and did not observe shortness of breath.		
Interview on 10/14/21 at 9:34 AM, Staff J CNA confirmed worked overnight shift on 10/10/21 into the morning of 10/11/21. Staff J stated Resident #1 had vomited 4 times during the night and informed the nurse, Staff E. Staff J stated Resident #1 voiced no complaints of shortness of breath or pain, however, did have oxygen on per usual. Staff J stated the resident had vomited on her gown, and when cleaned off the		

Page 18 of 31

Facility Administrator

Citation Numb #5437	er:				Date: Novemi	ber 4, 2021
Facility Name: Casa de Paz			Survey I October		2021	
Facility Addres	ss/City/State/Zip ' Street					
Sioux City, IA	51103	MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	a thick brown liquid. Sta after the first and third e emesis as well. Staff J s CNA of the resident em of 10/11/21. Interview on 10/14/21 a had worked on 10/11/2 <sup>-</sup> #1. Staff A stated Staff give Resident #1 a supp complained of no BM 3- administered the suppo complete an assessment the resident did not corr up and suppository adm Resident #1 had inform and Staff C stated alread informed by Staff C emo stated only administered to her residents, unawa resident or called the ph PM, Staff C had informed brown 3 times and I informatter and Staff C did m proceeded to tell her that go to the hospital, and I resident if that is what we					

Page 19 of 31

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Num #5437	ber:			Date Nove	mber 4, 2021
Facility Name: Casa de Paz			Survey I October	Dates: 13-21, 2021	
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Section	Natur	e of Violation	Class	Fine Amoun	t Correction date
	confirmed worked on 10 observed ambulance in #1's room and already i Staff K stated the reside returned to the nurse's	t 2:59 PM, Staff K CNA D/11/21. Staff K stated when parking lot went to Resident n wheelchair with oxygen on. ent did not have a mask and station to obtain a mask for the as returned to Resident #1			

observed ambulance in parking lot went to Resident		
#1's room and already in wheelchair with oxygen on.		
Staff K stated the resident did not have a mask and		
returned to the nurse's station to obtain a mask for the		
resident. Staff K stated as returned to Resident #1		
room, the resident had propelled herself halfway up		
the hall towards the nurse's station. Staff K stated		
Resident #1 not short of breath, however, any time		
visited with resident would think shortness of breath		
due to her history. Staff K stated unaware if Resident		
#1 abdomen hard or distended due to being heavy set.		
Staff K stated she propelled the resident in her		
wheelchair from halfway in the hall to the side of the		
nurse's station where the EMT's were. Staff K stated		
stopped by the scale at side of nurse's station for the		
nurse to check the resident's oxygen saturation and		
informed had just removed the oxygen. Staff K stated		
the EMT's stated not to worry about checking oxygen		
saturation, needed to go; due to the nurse unable to		
get reading. Staff K stated the EMT's assisted the		
resident to the gurney, the resident able to pivot		
transfer. Staff K stated at no time did Resident #1		
complain of shortness of breath or abdominal pain.		
Staff K stated had taken the resident \$10 around 2:00		
PM, per her request; and the resident did report felt		
like vomiting. Staff K stated did not observe the		
resident vomit, however, provided with garbage can.		

Page 20 of 31

Facility Administrator

Citation Num #5437	ber:			Date: Novem	ber 4, 2021
Facility Name Casa de Paz	:	-	Survey I October	Dates: 13-21, 2021	
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Section	Natur	re of Violation	Class	Correction date	
<u> </u>		at 2:25 DM the DCD Advance	ad I	1	

	Interview on 10/14/21 at 3:35 PM, the PCP, Advanced Registered Nurse Practitioner (ARNP) for Resident #1 confirmed the resident had a small bowel obstruction		
	upon admission to the hospital on 10/11/21. The		
	ARNP stated obviously apparent with a small bowel		
	obstruction you would want to see the resident sooner		
	rather than later. The ARNP stated the outcome could		
	have been different. The ARNP stated with a small		
	bowel obstruction, the sooner the resident is seen the		
	better, however, can't say in this case if it would or		
	would not have made a difference in the outcome for		
	Resident #1. The ARNP stated had not been notified		
	by the facility that Resident #1 had vomited during the		
	night on 10/10/21. The ARNP stated the facility had		
	not notified the clinic that Resident #1 had been		
	vomiting on 10/11/21 or had any complaints. The		
	ARNP stated first notified when the facility sent the		
	resident to the hospital. The ARNP stated she had		
	received notification from the facility on 10/11/21		
	regarding a possible drug reaction, however, nothing		
	related to vomiting, constipation, or requesting		
	physician visit. The ARNP stated the facility had her		
	personal cell phone number and consistently called on		
	a daily basis about fellow residents. The ARNP stated		
	did not understand where the missed communication		
	occurred. The ARNP stated obviously sooner is better		
	with bowel obstruction, and possible decompress prior		
	to a rupture. The ARNP stated didn't know what the		
	outcome could have been for Resident #1, stated		
	where is the communication and assessments.		
L			

Page 21 of 31

Facility Administrator

Citation Number: #5437					Date: Novemi	ber 4, 2021
Facility Name Casa de Paz	:		Survey I October		2021	
-	ss/City/State/Zip					
2121 West 19 <sup>th</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Nursing (DON) stated e notified if the resident re stated if the nurse on du should have been docu Interview on 10/21/21 a the whole situation shou differently. The ADON of had been sent to Reside complaints & request fo The ADON stated as m aware the resident requ when administered the 3/3:15 PM on 10/11/21. 2. The MDS with a com Resident #3, identified a indicated no cognitive in the resident was able to and understand others. required supervision for assistance for toileting. independent with transf MDS identified the reside and bladder, with constit documented diagnoses failure, anxiety, and chr disease. The MDS code	t 1:45 PM, the ADON stated uld have been handled confirmed no fax notifications ent #1's PCP regarding or visit on 10/10 or 10/11/21. entioned before, the first time uested to go to the hospital was COVID vaccine booster around				

Page 22 of 31

Facility Administrator

Citation Number: #5437					Date: Novemi	ber 4, 2021
Facility Name: Casa de Paz		-	Survey I October		:021	
Facility Addre	ss/City/State/Zip					
2121 West 19 <sup>t</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correctio			Correction date
	of constipation) in the la	ast 7 days.				
	related to decreased ac opioid with date initiated dated 8/12/21 instructed facility bowel protocol fo Care Plan identified a fo daily living) self-perform intolerance, confusion, shortness of breath with 12/15/20, identified cog normal limits; and on 8/ diagnosis. The interven bed mobility (10/15/21), and preferred to wear a personal hygiene (5/20/	d a focus area for constipation stivity tolerance and taking an d 8/12/21. The intervention d the nursing staff to follow the or bowel management. The bocus area of ADL (activities of nance deficit related to activity impaired balance, and n date initiated 1/17/19. On nition intake and balance within 12/21 identified terminal tions included: independent , assist as needed for dressing gown (10/15/21), independent (21), transfer to commode with ting (10/15/21), and assist of 2				

During observation on 10/13/21 at 1:55 PM, Resident #3 lying in bed with head of bed elevated, oxygen on per nasal cannula, and hospital gown. Resident #3 stated he had an upset stomach and bowels had not moved well. Resident #3 stated last time he had a BM, he was in the hospital. Resident #1 stated had an abdominal x-ray yesterday, a couple of suppositories, and drank little bottle of something. Resident #1 stated possibly had little BM's, however, stated did not eat well either. Resident #1 stated the nurse the day before yesterday, did not feel suppository necessary.

Page 23 of 31

Facility Administrator

staff for transfers (10/15/21).

Citation Numb #5437	er:			Date: Noven	nber 4, 2021
Facility Name: Casa de Paz		-	Survey Dates: October 13-21, 2021		
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Natur Section		re of Violation	Class	Fine Amount	Correction date

Observation on 10/14/21 at 9:30 AM, Resident #3 lying in bed with head elevated and oxygen in place. The nursing staff removed the breakfast tray and asked Resident #3 if could get him anything else and the resident denied.		
Observation on 10/14/21 at 3:16 PM, Resident #3 lying in bed with head elevated and oxygen in place. The hospice nursing staff present and visiting with the resident.		
Observation on 10/18/21 at 3:00 PM, Resident #3 lying in bed with head elevated and oxygen in place. Resident #1 stated had gone to the local hospital, however, bowels had not moved yet. Resident #1 stated movement present, passing gas; however, denied abdominal pain.		
Observation on 10/19/21 at 9:40 AM, Resident #3 lying in bed with head elevated, oxygen in place, and eyes closed.		
The Progress Notes revealed: a.On 10/5/21 at 12:02 PM, health status note - the resident returned to the facility per facility transportation from the hospital. b. Late entry effective date 10/8/21 at 10:38 AM, behavior note - the resident vital signs within normal limits. Bowel sounds are all hypoactive (reduction in loudness, tone, or regularity - sign intestinal activity		

Page 24 of 31

Facility Administrator

Citation Numb #5437	er:			Date: Novem	ber 4, 2021
Facility Name: Casa de Paz			Survey Dates: October 13-21, 2021		
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Natur Section		e of Violation	Class	Fine Amount	Correction date

		1	
	slowed) and the resident needed more than miralax		
	(laxative) that he requested on own. The nurse		
	encouraged a suppository after the resident removed		
	from the COVID (coronavirus) unit.		
	c. Late entry effective date 10/8/21 at 10:52 AM, health		
	status note - the nurse explained to the resident, no		
	documented bowel movement (BM) in 4 days and		
	recommended a suppository. The resident argued that		
	he did not need a suppository, normal bowel		
	movements for him. The nurse explained to the		
	resident he would be transferred off the COVID unit		
	today and the resident stated he would not move		
	anywhere until he had a BM.		
	d. Late entry effective date 10/8/21 at 1:00 PM, health		
	status note - the nurse informed the resident they		
	would move him off the COVID unit at this time and the		
	resident argued he would not move until his bowels		
	moved. The nurse proceed to move the resident to his		
	previous room, allowed him to get comfortable, and		
	then asked if he was ready for a suppository. The		
	resident stated he did not need a suppository, but		
	needed a toilet by his bed. The nurse placed a		
	commode by the residents' bed. The resident		
	continued to refuse the suppository.		
	e. Late entry effective date 10/8/21 at 2:30 PM, health		
	status note - the resident encouraged to have a		
	suppository and he refused, stated to leave it on the		
	table and he would think about it.		
	f.On 10/12/21 at 6:33 AM, health status note - the		
	resident had no BM in approximately 8 days. Notified		
	the residents' Primary Care Provider (PCP) and order		
l			

Page 25 of 31

Facility Administrator

Citation Number: #5437					Date: Novemi	oer 4, 2021
Facility Name: Casa de Paz		-	Survey I October	Dates: 13-21, 20	21	
Facility Addres	ss/City/State/Zip					
2121 West 19 <sup>th</sup> Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correctio date			Correction date
	resident assisted to the nurse asked the resider most of the BM and the for a little. The nurse ec resident to rock back ar resident was assisted w noted only water from th Notified the residents' F an abdominal x-ray. h.On 10/12/21 at 2:43 F obtained this morning a	s enema. AM, health status note - the commode with 2 staff. The ht if he felt like he had expelled resident stated he had except ducated and encouraged the hd forth and side to side. The <i>v</i> ith 2 staff off the commode and he enema in the commode. PCP, no results and requested PM, health status note - x-ray and noted negative for evidence or free air. Moderate gas				

an abdominal x-ray.			
h.On 10/12/21 at 2:43 PM, hea	th status note - x-ray		
obtained this morning and note	d negative for evidence		
of intestinal obstruction or free	air. Moderate gas		
throughout large intestine and i	nvolved multiple non-		
dilated small bowel loops sugg	ested moderate enteritis		
(inflammation) versus a dynam	c ileus (obstruction).		
Notified the residents' PCP and	order received for 8		
ounces of warm prune juice wit	h milk of magnesia and		
if no BM by 10/13/21, send the	resident to the hospital.		
i.On 10/13/21 at 1:24 PM, heal	h status note - spoke		
with Hospice regarding the res	dents' x-ray and		
hospice will contact the resider	ts' PCP to initiate an		
action plan regarding the result	s. The resident refused		
to go to the local ER (emergen	cy room) due to no BM.		
j.On 10/13/21 at 10:30 PM, hea			
resident transferred to the loca	hospital per the		
residents' PCP due to ileus, rep	oort called the ER		
nurse.			
k.On 10/14/21 at 4:34 AM, hea			
resident returned to the facility	from the hospital by		

Page 26 of 31

Facility Administrator

Citation Numb #5437	er:			Date: Novem	ber 4, 2021	
Facility Name:			Survey	Dates:		
Casa de Paz			October	October 13-21, 2021		
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street			_			
Sioux City, IA 51103		MW/DC				
Rule or				Fine Amount	Correction	
Code	Natur	e of Violation	Class		date	
Section						

a BM while stated to k until radiol	ansport. The resident stated he did not have a at the hospital. Discharge instructions eep the resident NPO (nothing by mouth) ogy reads the x-ray and to give bisacodyl suppository daily until the resident had a	/e	
10/5/21, do	titled After Visit Summary dated 9/29 - ocumented the last bowel movement for #3 was 10/3/21.		
history for only docur	nent titled POC (Point of Care) response bowel movements dated 10/14/21, revealed nented BM from 10/5 - 10/14/21, on 10/9/27 I, small BM.		
(MAR) data orders and a. Biscaco one suppo constipatio administer b. Miralax mouth one Administer	v of the Medication Administration Record ed October 2021 identified the following d administration: dyl suppository 10 milligrams (mg) insert sitory rectally every 24 hours as needed for on at bedtime, order date 10/26/19. First red on 10/11/21 at 3:00 PM. powder 17 grams/scoop give 3 scoops by time for constipation, order date 10/12/21. red 10/12/21 at 10:15 AM.		
time only, 10/12/21. d. Miralax	ids enema to be given for constipation one order date 10/12/21. Administered on powder give 8.5 grams (G) by mouth as r constipation, order date 1/28/20. First		

Page 27 of 31

Facility Administrator

Citation Num #5437	ber:				ate: ovemt	oer 4, 2021
Facility Name: Casa de Paz Facility Address/City/State/Zip			Survey October	Dates: • 13-21, 2021	1	
2121 West 19 Sioux City, IA		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine Amo	ount	Correction date
	assessment, administer ordered, or notify the ph not had a BM for 3-4 da complete any follow up 10/8/21, including on 10 transferred to the local II Interview on 10/13/21 a when a resident transfe forms the nurse to com (electronic health record Condition form and elnt ADON stated the Chang information related to th symptoms, vital signs, a and the Transfer Form of demographics, where tr contacts, clinical inform alerts, and supplementa stated she expected bo when a resident transfe Interview on 10/14/21 a the facility did not have management. The ADC the standard of practice regarding bowel manag	nplete a thorough physical laxative medications as hysician after Resident #3 had hys. The facility failed to physical assessments after 0/13/21 when Resident #3 ER due to constipation. t 5:09 PM, the ADON stated rred to the hospital there are 2 plete in the residents' EHR d) titled elnteract Change in heract Transfer form . The ge in Condition form included he situation/signs and and background information contained the resident ansferring to, the resident ation, devices, treatments, risk al information. The ADON th documents to be completed				

Page 28 of 31

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #5437	er:			Date: Novem	ber 4, 2021
Facility Name: Casa de Paz		-	Survey Dates: October 13-21, 2021		
Facility Address/City/State/Zip					
2121 West 19 <sup>th</sup> Street Sioux City, IA 51103		MW/DC			
Rule or Code Natur Section		e of Violation	Class	Fine Amount	Correction date

r		r	1	<b>1</b> 7
	follow physician orders regarding as needed bowel			
	medications and call the physician as needed. The			
	ADON stated the residents' EHR triggers an alert to			
	the nurse on day 2 if no BM and another trigger on day			
	3 of no BM. The ADON stated the nurse on duty to			
	look at the alert and expected to start treating on day 3			
	of no BM, unless a resident request a laxative on day			
	2. The ADON stated the Certified Nursing Assistants			
	(CNA) are expected to alert the nurse if a resident is			
	day 3 and no BM. The ADON stated the nurse is			
	expected to monitor the bowel alert daily and treat with			
	bowel medications on day 3. The ADON stated a			
	bowel/gastrointestinal (GI) assessment being			
	completed, based on if the resident complained of GI			
	symptoms. The ADON stated on day 3 if the resident			
	complained of nausea and bloating she expected a			
	physical assessment to be completed, however, if a			
	resident voiced no complaints of GI symptoms would			
	not expect a physical assessment. The ADON stated			
	once a resident past day 3 of no BM, expected			
	physician notification and physical assessment.			
	Interview on 10/14/21 at 10:25 AM, Staff A Registered			
	Nurse (RN) confirmed she had worked on 10/8/21 with			
	Resident #3. Staff A stated completed a physical			
	assessment on Resident #3 and would go back and			
	chart. Staff A initially stated in the interview, Resident			
	#3 bowel sounds absent right upper quadrant (RUQ)			
	and very hypoactive right lower quadrant (RLQ), left			
	upper quadrant (LUQ), and left lower quadrant (LLQ).			
	Staff A stated the resident distended at that time,			
u	u	u	1	•

Page 29 of 31

Facility Administrator

Citation Numb #5437	er:			Date: Novem	ber 4, 2021	
Facility Name:		-	Survey Dates:			
Casa de Paz			October	October 13-21, 2021		
Facility Addres	ss/City/State/Zip					
2121 West 19 <sup>th</sup>	Street					
Sioux City, IA 51103		MW/DC				
					-	
Rule or				Fine Amount	Correction	
		e of Violation	Class		date	
Section						

<ul> <li>however, squishy to touch. Staff A proceeded to state Resident #3 had normal bowel sounds on 10/8/21 and hypoactive bowel sounds on 10/12/21. Staff A stated not hurried to give Resident #3 suppository on 10/8/21 due to physical assessment okay. Staff A stated bowe protocol, no BM in 3 day the residents' EHR provided alert, the night nurse to keep track and give suppositories in the morning. Staff A stated the system worked good until short staff or only had medication aide and one nurse. Staff A stated an alert would have come up on the 7th due to Resident #3 not having BM however, she had not worked. Staff A stated the nurse has to click on a box in the EHR to see the alert, does not automatically pop up. Staff A stated when returned to work on 10/11/21, noted Resident #3 still had not had a BM. Staff A stated Resident #3 had been independent with toileting until return from the hospital on 10/5/21, required assist for toileting and use of bedside commode.</li> <li>Interview on 10/19/21 at 12:35 PM, the ADON confirmed Resident #3 Care Plan stated follow bowel protocol for bowel management. The ADON stated the bowel protocol would be what had been discussed on 10/14/21, standard nursing practice and start administering laxative medications as ordered on day 3 of no BM.</li> <li>The immediate jeopardy was removed on 10/15/21 after staff education on new policies/procedures implemented regarding bowel protocol, GI assessmen</li> </ul>	
---	--

Page 30 of 31

Facility Administrator

Citation Numl #5437	per:			Date: Novem	ber 4, 2021	
Facility Name:			Survey	Dates:		
Casa de Paz				er 13-21, 2021		
Facility Address/City/State/Zip 2121 West 19 <sup>th</sup> Street						
Sioux City, IA 51103		MW/DC				
Rule or				Fine Amount	Correction	
Code Section	Nature of Violation		Class		date	
Π			 	1		

and physician notification of condition changes. The surveyor verified implementation of the removal plan and the scope and severity was lowered to a D.		
Facility Response:		

Page 31 of 31

Facility Administrator

Date